Type: Invited Presentation

Final Abstract Number: 09.003
Session: Fungal Infection, Near and Far
Date: Thursday, June 14, 2012
Time: 15:45-17:45
Room: Ballroom A

Changing epidemiology and treatment options in invasive candida infections

T. Gottlieb

Concord Hospital, Concord, Australia

There is changing epidemiology and diversity of invasive fungal infections, including those causing invasive candidiasis. Determinants for this varied epidemiology include geographical location – there are global, hospital and unit differences in epidemiology; patient risk factors – eg. ICU, bone marrow or solid organ transplantation; central line and TPN use; use of antifungal prophylaxis and prior broad-spectrum antibiotic use. Continuing surveillance of trends is key to early understanding of new changes and limitations for treatment. One of the drivers for this increased interest in the epidemiology and susceptibility of invasive Candida infections are newly available options in antifungal therapy – newer triazoles (eg. voriconazole and posaconazole), lipid formulations of amphotericin B and three echinocandin drugs - caspofungin, anidulafungin and micafungin. With extra options, the approach to therapy has also evolved, with increasing tendency to pre-emptive use of antifungals to reduce morbidity in high risk patients, as well as, depending on patient group, both directed and empiric therapy. Along with increased choices in therapy, there is now need for recognition of species specific limitations – for triazoles (C.glabrata, C.krusei), echinocandins (C.parapsilosis), amphotericin B (C.lusitaniae) are examples of potentially problematic species. The detection of resistant Candida species provides parallels to selection of more inherently resistant strains by antibiotic therapy in bacteria. Refinement of in-vitro susceptibility breakpoints currently underway by EUCAST and CLSI, will aid in treatment selection, but will also provide more complexity. Increasing use of antifungals in high risk patient groups, and the need to guide appropriate options and duration for antifungal therapy will require the development, and regular updating of more sophisticated guideline algorithms, such as the 2009 IDSA guidelines -http://cid.oxfordjournals.org/content/48/5/503.1.full. Such guidelines will continue to need to take into account not only the infecting species, but patient factors such as the underlying disease, presence of a removable focus, potential drug interactions and prior antifungal use.

http://dx.doi.org/10.1016/j.ijid.2012.05.043

Type: Invited Presentation

Final Abstract Number: 09.004
Session: Fungal Infection, Near and Far
Date: Thursday, June 14, 2012
Time: 15:45-17:45
Room: Ballroom A

Cryptococcus infection in immunocompetent individuals

G. Reid

University of Illinois, Chicago, IL, USA

Cryptococcus is a significant cause of morbidity and mortality worldwide. It is historically considered an opportunistic infection associated with meningitis in severely immunocompromised individuals, such as those with Acquired Immune Deficiency Syndrome and solid organ transplantation. There are numerous reports, however, of cryptococcus infection in individuals without any history of immunocompromise.

Timing and presentation of infection in immunocompetent individuals can differ markedly from that in the immunocompromised, often with more subtle symptoms, making diagnosis more difficult. Work up of these patients can often reveal subclinical immunodeficiencies in some, but not all.

Even in presumably immunocompetent individuals cryptococcal meningitis can be fatal if left untreated. In addition, patient response to various therapies varies based on risk factor for infection. This has lead to recommendations for management of cryptococcal infection based on patient type – HIV, organ transplant or nonHIV/nontransplant.

It is important to suspect cryptococcal infection even in immunocompetent individuals with nonspecific or intermittent neurological findings with no clear etiology. Additionally, work up of possible immunodeficiency is advisable.

http://dx.doi.org/10.1016/j.ijid.2012.05.044

Type: Sponsored Symposium

Final Abstract Number: 10.001
Session: Progress Towards the Prevention of Meningococcal Disease - A Global Health Concern
Date: Thursday, June 14, 2012
Time: 15:45-17:15
Room: Ballroom B

Meningococcal disease: A public health concern

L. Harrison

University of Pittsburgh, Pittsburgh, PA, USA

no abstract provided.

http://dx.doi.org/10.1016/j.ijid.2012.05.045